



CITY OF FREDERICKSBURG, VIRGINIA DUMPSTER PLACEMENT APPLICATION

Applicant's Name: _____

Address: _____

Cell Phone: _____ Office Phone: _____ Date: _____

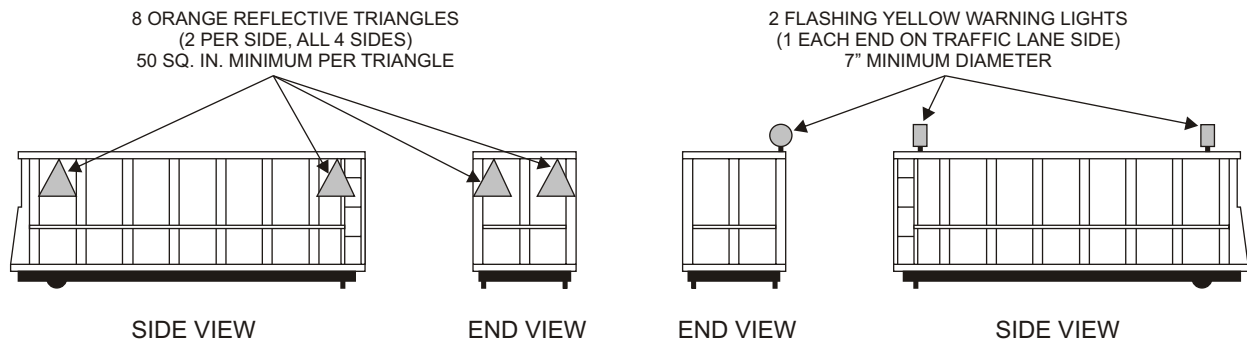
Dumpster Location: _____

Reason for Dumpster Placement: _____

Date of Placement: _____ Projected Date of Removal: _____

REQUIREMENTS:

1. The dumpster site will be inspected by the Public Works Department.
2. The dumpster must be removed by the Projected Date of Removal above or an extension must be approved by the Director of Public Works or his Designee.
3. The dumpster must be emptied at regular intervals to ensure against litter problems or health hazards.
4. The applicant will be responsible for any damage resulting from the placement or use of this dumpster.
5. The dumpster must have reflective material or lights. (See diagram below.)



Note: Failure to comply with ANY of the above requirements may result in the removal and storage of the dumpster at the applicant's expense.

Inspected by: _____

Date Inspected: _____

☐

Approved

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Disapproved

Applicant's Signature _____

Director of Public Works or Designee _____